PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 10 7 6 3336												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL	ENTITY	OF		R THAN ENTITY
TOTAL CLAIMS			10	14		·		RATE	FEE	7 "	RATE	FEE
F	OR	NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC F		, of			
Ī	OTAL CHARGE	7 0	7 minus 20=				XS 9.	+	75	1		
ľΝ	DEPENDENT (CLAIMS .	^minus3 =		•			X43=	+	HOH	\	
M	ULTIPLE DEPE	ENDENT CLAIM!	RESENT	RESENT				<u> </u>	+	-IOA	×86=	
• [the differenc	e in column 1 is	less than	zero, enter	"0" in	column 2		+145=	<u> </u>	JOR	L	
i.	If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	<u> </u>	JOR		7//
(Column 1) (Column 2) (Column 3) SMALL ENTITY										OR	OTHER SMALL	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		MUMB PREVIOU PAID F	ERI USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
2	Total	· 10	Minus	-2	<u>).</u>	•—		XS 9=		OR	XS18=	1
A	Independent	FNTATION OF M	Minus	- S	3	1.0		X43=		OR	X86=	<u> </u>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145+		OR	+290=	
Anglai								TOTAL			TOTAL	군
	-	(Cotumn's)			DOIT. FEE]	ADDIT: FEEL				
AMENDIZENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOU PAID FO	ER ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· S	441	1-		•		XS 9=	٠.	OR	X\$18=	
¥	Incependent	NTATION OF MI	Trois oc			-		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=	
							L	TOTAL	•		TOTAL	
10	123/06	(Column 1)		_(Column	2)	(Column 3)	AL	DDIT. FEE		, <u>.</u>	OON FEEL	
S INCH	*	CLAIMS REMAINING APTER AMENDMENT		PREVIOUS PAID FO	R SLY R	PRESENT		RATE	ADDI- TIONAL FEE	ſ	RATE	ADDI- TIONAL FEE
	Total	6)	Minus	- 20	>	- /.		XS 9=		OR T	X\$18=	7
		• /	Minus	 3	•	• /	H	X43:		`` `	X86=	/ -
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (CASE OR X86+												/
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Rumber Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Rumber Previously Paid For" IN THIS SPACE is less than 30, enter "20." ADDIT. FEE OR +290= OR ADDIT. FEE												/
	OLD LEGISLAND STATE	nder Previously Paid der Previously Paid	s For IN This			9		DIT. FEE L in the app		· A	0017. FEE L. 110 1.	
1 246 (710-875 (Rev 10)	D31								-		

Application or Docket Number